

# EBCOG: European Board and College of Obstetrics and Gynaecology

## Who are we? What do we do? Where do we go?

Peter HORNNES<sup>1</sup>, Johan VAN WIEMERSCH<sup>2</sup>

<sup>1</sup>President of EBCOG; <sup>2</sup>Vice-President of EBCOG

Correspondence at: E-mail: Johan.VanWiemeersch@GZA.BE

### Introduction

This paper is intended to provide a concise overview of EBCOG, its organization and background and its activities. More in-depth information on the activities of EBCOG can be found on the EBCOG website: [www.ebcog.org](http://www.ebcog.org).

EBCOG is the Board of the Section of Obstetrics and Gynaecology of the Union Européenne des Médecins Spécialistes (UEMS). The Sections are a statutory part of UEMS and the Boards are considered by UEMS to be the Working Groups of the UEMS Sections.

The purpose of UEMS is to harmonize and improve the quality of medical specialist practice in the EU. EBCOG's aim is to improve the health of women and unborn and newborn babies by promoting the highest possible standards of care. EBCOG's core activities are education and training.

### The structure of EBCOG

EBCOG consists of four Officers, (President, Secretary-General, Vice-President and Treasurer), the President of the Section, an Executive Committee and Council which is made up of two national delegates from each of our member countries.

For the period 2009-2011 the officers are:

- President: Peter Hornnes (Denmark)
- President of UEMS Section O & G: William Dunlop (UK)
- Vice-President: Johan Van Wiemeersch (Belgium)
- Secretary-General: Chiara Benedetto (Italy)
- Treasurer: Wolfgang Holzgreve (Switzerland)

The Executive Committee meets two times a year and is responsible for making recommendations to

the Council and for ensuring that the strategic goals laid out in the annual strategy paper are met.

The council is the driving force of EBCOG and meets twice a year. It is the decision-making body of EBCOG.

### Current Member Countries of EBCOG

There has been a rapid expansion in the EBCOG's membership since it was founded in 1996. Of particular importance has been the involvement of the countries of Europe which are new members of the European Union. There are now 35 countries represented on our Council. A memorandum of understanding between EBCOG and national societies outlines the nature of the relationship between EBCOG and its constituent societies.

Our current members are: Albania (observer member), Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, FYROM (the former Yugoslav Republic of Macedonia), Germany, Greece, Hungary, Iceland, Ireland, Italy, Kosovo (observer member), Latvia, Lithuania, Malta, the Netherlands, Norway, Poland, Portugal, Romania, Russia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey, Ukraine (observer member) and the United Kingdom.

### Collaboration with the Subspecialist Societies

In Rome on 27<sup>th</sup> November 1999, EBCOG and the Section unanimously agreed to recognize the subspecialities of Gynaecological Oncology (European Society of Gynaecological Oncology – ESGO), Maternal-Fetal and Perinatal Medicine (European Association of Perinatal Medicine – EAPM) and Reproductive Medicine (European Society of Human Reproduction and Embryology – ESHRE).

On 25<sup>th</sup> May 2002 EBCOG and the Section agreed to recognize Urogynaecology (European Urogynaecology Association – EUGA) as a subspecialty.

This collaboration has proved invaluable and EBCOG and the subspecialist societies have jointly produced training programmes and log books, developed subspecialist visiting and accreditation and collaborate closely on the scientific programme of each European Congress.

### **Special Interest Societies**

EBCOG also works closely with the special interest societies via the Standing Committee on Training and Assessment: the European Association of Paediatric and Adolescent Gynaecology (EURA-PAG), the European Federation of Colposcopy (EFC), the European Society of Contraception (ESC), and the European Society of Gynaecological Endoscopy (ESGE).

### **Standing Committee of Hospital Visiting and Recognitions (SCHR)**

One of EBCOG's priorities is to promote the introduction of visiting in those countries which do not have a national visiting system. To this end, EBCOG organizes and carries out visits to departments which request a visit. If appropriate, these departments are normally accredited for a 5 year period. To date over 80 visits have taken place in 17 countries.

Trainees who have trained in an accredited department, during the period of its accreditation, are entitled to request a certificate from EBCOG to this effect.

### **Standing Committee on Training and Assessment (SCTA)**

The SCTA has produced training programmes and log books for both specialist and subspecialist training and is currently working on developing recommendations for 'Training the Trainers (TTT)'. The SCTA is also currently focusing on the evaluation of skills training in conjunction with ESGE, and e-learning and telemedicine.

### **Subspecialist-Subcommittee (SSSC)**

This Subcommittee consists of representatives of EBCOG and all of the Subspecialist societies and it is responsible for organizing and conducting subspecialist visits, according to the subspecialist visiting and accreditation programmes.

### **Collaboration with European Network of Trainees in Obstetrics and Gynaecology (ENTOG)**

EBCOG and ENTOG collaborate very closely and EBCOG is most supportive of ENTOG's work and development. The president of ENTOG sits on the EBCOG Executive Committee and Council. ENTOG organizez an annual Trainees' Meeting and Exchange Programme, which will take place at the same time and venue as the EBCOG Congress.

Also a representative from the UEMS Permanent Working Group of Junior Doctors (PWG) sits on the EBCOG Executive Committee and Council.

### **European Congress of Obstetrics and Gynaecology**

The European Congress which is organized and run by EBCOG with the assistance of a local Professional Congress Organizer (PCO) now takes place every two years. The European Congress was originally labelled as the EAGO European Congress but following amalgamation with EBCOG, EAGO was dissolved and the first real EBCOG European Congress took place in Prague in 2002. Athens in 2004, Torino in 2006 and Lisboa in 2008 were the subsequent host cities.

The next EBCOG congress will take place in Antwerp, Belgium and in 2012 the capital of Estonia, Tallinn, will be the host city.

### **Relationship with FIGO**

FIGO (Fédération Internationale de Gynécologie et d'Obstétrique) was established in 1954. At that time, 42 national societies were represented. Currently 113 societies are member of FIGO.

FIGO's mission is 'to promote the well-being of women and to raise the standard of practice in obstetrics and gynaecology'. There is therefore a considerable overlap in the aspirations of EBCOG and FIGO. EBCOG has an observer status on FIGO's Executive Board.

EBCOG is in the process of defining more clearly its relationship to the national societies which it represents but the relationship between FIGO and its constituent national societies appears to be less clearly defined.

Possible roles for EBCOG in the relationship with FIGO are:

- EBCOG can help to disseminate information between national societies and FIGO.
- Initiatives which are of importance to FIGO can be discussed at EBCOG's meetings, permitting

feedback from European national societies to be transmitted to FIGO.

- Topics for inclusion in the FIGO's triennial World Congress can be discussed within EBCOG, helping to identify appropriate participants.
- FIGO can be invited to participate regularly in EBCOG's meetings thus ensuring that matters of mutual interest are explored.

### EBCOG Draft Strategy Plan September 2009

As earlier said the aims and objectives of EBCOG are to improve the health of women and their babies by seeking to achieve the highest possible standards of training and care in the field of obstetrics and gynaecology in all European countries.

EBCOG's strategy to realize these aims and objectives is the following:

- Advocating for Ob/Gyn issues to be advanced in EU political institutions, by seeking personal contacts within the EU Commission, the EU Parliament and the European Council. Someone will be responsible for this contact and in the long term EBCOG shall establish a presence in Brussels with a staff responsible for contacts with the EU system.
- Advocating for Ob/Gyn issues to be advanced in EU related NGO's and platforms.
- Providing information about current and upcoming EU legislation and directives relevant to Ob/Gyn to EBCOG member societies.
- Arranging the European Congress of Ob/Gyn and providing an open forum for the exchange of ideas, knowledge and inspiration.
- Arranging educational courses in between the congresses.
- EBCOG will seek to produce common European Standards of Care. Those standards do not regulate the actual medical treatment of our patients, but it will set up a framework that can help all European obstetricians and gynaecologists to understand what issues we need to address and how we need to address them.
- The link to ENTOG is very important to keep obstetrics and gynaecology an attractive specialty able to recruit.
- Working through the Standing Committee for Training and Assessment is important to improve training and education in Ob/Gyn. A European Exchange Programme will be financed by EBCOG and the log books for general Ob/Gyn and subspecialist training must be kept updated.
- Working through the Standing Committee on Hospital Recognition to accredit training centres

in Ob/Gyn and in the subspecialities to encourage national visitation and accreditation systems.

### Plans for the future and conclusion

EBCOG is currently in the process of reviewing and developing its strategy and infrastructure and following consultations with the Council, the Officers are working to try to synthesize the Council's suggestions and set workable, achievable and realistic goals for the future. Some of these important goals will be to develop training, education and research activities, to look at standards and methods of assessment, to interact more formally with the European Union institutions, to consider ethics and medico legal issues and to continue to develop as the common voice and representative of all gynaecologists and obstetricians in Europe.

EBCOG is working on a survey on the different situations in Europe in terms of the role of midwives, surgical training in Ob/Gyn and the increase in Caesarean Section rates.

The consolidation of programmes for continuing professional development is also an important objective. EBCOG is now actively expanding its website and has established a group to advise on the development of e-learning and telemedicine.

At present, the development of common European guidelines is not feasible. The conditions under which care is being delivered throughout Europe still vary greatly, and common European guidelines are still simply unattainable. On the other hand EBCOG wants to establish a serious dialogue about improving standards of care in Europe. EBCOG has given firm support to the work of the Europeristat group, which is endeavouring to develop performance indicators for common perinatal events. EBCOG is in the process of setting up a working group which will consult with national experts in order to establish the mechanisms by which obstetricians and gynaecologists interact with patients in each European country.

A very important occasion for Europe will be the 20th FIGO World Congress to be held in Rome in 2012. The Società Italiana di Ginecologia e Ostetricia (SIGO) has recently contacted EBCOG with a proposal to develop training programmes for our Ob/Gyns in advance of this meeting and active discussions about this potentially exciting development are now under way.

As a conclusion the authors invite you to the 21<sup>st</sup> European Congress which will take place in a diamond of a city, Antwerp. As we have seen over the years, communication is at the heart of the success of the European Congress and we would urge you to promote the congress as widely as possible in your own countries.